

<b>DECISION-MAKER:</b>	<b>HEALTH OVERVIEW AND SCRUTINY PANEL</b>
<b>SUBJECT:</b>	SOLENT NHS TRUST ANNUAL PLAN AND PRIORITIES AND FOUNDATION TRUST CONSULTATION
<b>DATE OF DECISION:</b>	21 JUNE 2012
<b>REPORT OF:</b>	SARAH AUSTIN, DIRECTOR OF STRATEGY
<b>STATEMENT OF CONFIDENTIALITY</b>	
None	

### **BRIEF SUMMARY**

This report outlines the role of Solent NHS Trust, its priorities for the forthcoming year and the current public consultation concerning Solent NHS Trust application for Foundation Trust status.

### **RECOMMENDATIONS:**

- (i) The panel are asked to formally respond to the consultation.
- (ii) The panel are asked to note the update from Solent NHS Trust.

### **REASONS FOR REPORT RECOMMENDATIONS**

1. To ensure panel members are up to date with progress at Solent NHS Trust
2. To seek formal feedback from the panel on our consultation

### **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

3. N/A

### **DETAIL (Including consultation carried out)**

#### **4. About Solent NHS Trust**

We are in our second year as an NHS Trust and our third year as a merged community and mental health provider, delivering high quality care and working in partnership to make things better for children and families, adults and older people.

We have annual revenue of £183m at the start of 2012/13, over 3,800 staff and delivering over 1.5 million contacts per annum. Our services are provided from over 100 different locations, including Community Hospitals and Day Hospitals; as well as numerous outpatient and other settings within the community such as Health Centre's, Children's Centres and within service users' homes.

Solent NHS Trust was established as an organisation whose primary objective is to manage care in the community. We support clients' independence and self care by providing integrated physical and mental health and social care services around GPs and their practice populations. We specialise in providing integrated services to urban communities with complex health and social care needs and work in partnership with others

whose focus is on improving the health of our population.

Our services are focused on city region populations where there are complex health and social needs and where there is a need for a deep partnership with primary and social care to address these.

## 5. **Our finances**

We are planning to achieve a 0.4% surplus in 2012/13, as illustrated in our financial summary, below.

	<b>Mar-13</b>
	£m
Operating Revenue and Income, Total	183.30
Operating Expenses, Total	(181.96)
EBITDA	<b>1.34</b>
EBITDA margin	0.8%
Total Depreciation & Amortisation	(0.58)
Net Surplus/(Deficit)	<b>0.75</b>
Surplus Margin	<b>0.4%</b>

## 6. **Our performance**

Our performance over a range of measures has improved significantly over the last 12 months. The Trust is now achieving all its 18 week Referral to Treatment Time indicators as well as all other relevant nationally reported KPIs and has a challenging programme in place to roll out directly bookable clinics through Choose and Book to all consultant and therapist-led services.

Safety continues to be a priority. 90% of service users reported positively on feeling safe within their clinical environment. Within Mental Health services, 99% of service users were followed up within 7 days of discharge and 100% of all elective admissions were screened for MRSA. Working hard with other healthcare organisations, significant progress has been made in reducing the rates of MRSA and C Diff. There have been large reductions in rates across Solent NHS Trust; in Southampton City there has been a 78% reduction and Portsmouth City a reduction of 60% in the number of C Diff cases in 2010/11, compared to 2008/09. Solent NHS Trust is striving to decrease rates of avoidable infections and aims to have zero levels of infection.

The 2010 service user survey reported a 90% positive response rate from customer surveys.

Our PEAT (Patient Environment Action Team) scores, which assess the

service user environment, demonstrate standards that are good or excellent across all our main hospital sites.

## 7. **Our vision and strategy**

The Trust's strategy over the next three years is to work closely with Clinical Commissioning Groups and local Health and Wellbeing Boards to lead a whole system change in the delivery of services; **our vision is to lead the way in local care.**

We are already providing integrated health and social care but will further develop the model to provide integrated pathways with primary care, in-reaching into the acute trusts. By combining with primary care, users will experience home-based services that are reliable and available 24/7; **our mission is to provide services in partnership to deliver better health and local care.**

Long term conditions care pathways will be coordinated and delivered by single clinical multidisciplinary teams using the latest health technology. Users will experience services that are better integrated and delivered from one stop shops in community campuses. Admission to acute trusts will only be necessary for those that require the particular skills and infrastructure that only an acute environment can provide.

Solent NHS Trust will enable all care that can safely be provided out of hospital to be moved to a primary/community-led organisation. Staff from other sectors will be encouraged to provide services into the integrated pathway. Increasingly, service users will not be admitted into acute hospitals (except in an emergency) without having first been referred to Solent community services. Solent will increasingly become the single point of referral for all the population.

We aim to expand incrementally from the Trust's initial geographic and service footprint by exploring county-wide and cross-county border opportunities. We intend to increasingly provide social care services.

The services we provide will be realistic alternatives to acute hospital care, rather than duplication of services. Solent NHST would expect to make a significant impact on the local system as demonstrated by our strategic objectives and outcome measures.

## 8. **Our strategic objectives**

Our approach to quality strongly influences both the longer term direction and the day-to-day operation of the trust. At the heart of the organisation's strategy is **the quality promise:**

**Safety** is everyone's highest priority and we have a 'no harm' culture ensuring our staff do the right thing for every person, every time.

We will improve **experience** by putting people at the heart of services and listening to people's views, gathering information about their perceptions and personal experience and using that information to further improve care.

Optimum **clinical effectiveness and outcomes** will be ensured by the application of evidence and best practice in accordance with NICE guidelines and all other national guidance.

We will achieve **regulatory compliance** by ensuring the governance and risk management framework is fit for purpose at all levels; being clear, understandable and seamless whilst supporting continuous quality improvement; meeting the requirements of our regulators and managing clinical risk.

9. The Board has agreed **three strategic objectives** which flow from the Trust's vision and mission. These strategic objectives say what we will do over the next five years to help us to achieve our vision.

10. **Strategic Objective 1:**  
*To provide services which enable improved health outcomes with particular focus on areas of known health inequality*

Solent NHS Trust will provide commissioners with services that help improve the overall and individual health outcomes of the local populations that we serve and to improve those at the weakest end of health inequalities fastest, in each and every one of our services

11. **Strategic Objective 2:**  
*To deliver care pathways that are integrated with local authorities, primary care and other providers*

Solent NHS Trust will lead (or contribute to) integrated care pathways which address health and social care needs. The design of services will interface with primary care so that GPs know and work with local teams in core services.

12.

**Strategic Objective 3:**

*To maintain profitability in core business by offering best value alternatives to acute hospital admission*

Solent NHS Trust will provide commissioners with a range of best value, evidence based community alternatives to acute admissions. This will provide whole-system value benefits and thereby enable the Trust to maintain profitability by incrementally increasing the value of income in profitable services lines. This will be achieved through the retention of existing contracts, the expansion of core business in local urban areas and planned growth beyond the current geographical footprint. Non-profitable service lines will be reviewed and where appropriate discontinued.

13.

Delivery of the Trust's strategic objectives is dependent on a strong organisational culture focused on the delivery of excellent services and a high-performing organisation that achieves commissioner and regulatory compliance through business and clinical excellence.

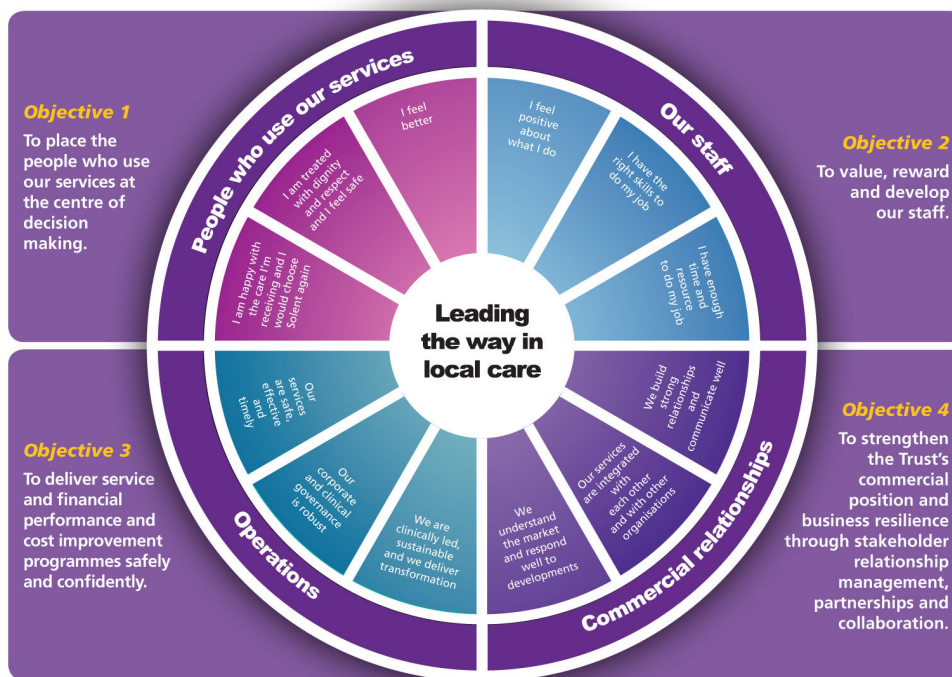
<i>Clinical Excellence</i>	<i>Business Excellence</i>	<i>Meeting Commissioner Requirements</i>	<i>Regulatory Compliance</i>
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These **four underpinning requirements** are reinforced in annual and individual objectives and there is a continuous programme of alignment of the Trust's objectives at every level of the organisation.

14.

**Our priorities for 12/13**

Our Operating Plan sets out our four priority work streams for the next year. These work streams form our annual objectives framework – the 'Solent Wheel' – a key enabling tool which we have developed to ensure that the Trust's annual objectives are clearly understood and highly visible at all levels of the organisation and are reflected in divisional, service and individual level objectives. The Solent Wheel is shown below.



15. **Objective 1: To place the people who use our services at the centre of decision making**

We will focus on:

- Delivering evidence-based practice and demonstrating the success and quality of our services
- Reducing variation in clinical practice and performance as evidenced with benchmarking
- Implementing our Operating Model including a Single Point of Access (SPA) and virtual ward infrastructure
- Maintaining our quality standards
- Implementing Telehealth solutions
- Embedding user experience into forward planning

16. **Objective 2: To value, reward and develop our staff**

We will focus on:

- Prioritising clinical leadership and supervision
- Increasing focus on evaluation and clinical audit
- Incentivising research and new models of care,

- Training staff in transition management

17. **Objective 3: To deliver service and financial performance and cost improvement programmes safely and confidently**

We will focus on:

- Increasing our IT capability with the purchase of performance management and clinical systems to enhance interoperability
- Expanding mobile working
- Rationalisation of our estate
- Delivery of contracts and Cost Improvement Programmes (CIPs)

18. **Objective 4: To strengthen our commercial position and business resilience through relationship management partnership and collaboration**

We will focus on:

- Developing and delivering five-year transformation and market development plans
- Brand awareness and management
- Achieving system wide support for our operating model
- Undertaking systematic periodic stakeholder feedback on the Trust's reputation and leadership role,
- Embedding relationship management
- Expanding our research portfolio

19. **Our future**

We are working towards achieving Foundation Trust status by 1 April 2013. We believe that authorisation as a Foundation Trust should be the outcome of delivering clinical and business excellence within the organisation and the culture which underpins this.

We are on target with our tripartite formal agreement which confirms the commitments being made by the Trust, the South Central Strategic Health Authority (SHA) and the Department of Health (DH) that will enable achievement of NHS Foundation Trust (FT) status before April 2014.

As part of our application we have been undertaking a 12 week formal consultation. The consultation provides us with the opportunity to understand what the people who use our services, patients, members of the public, partners and other stakeholders think about our proposals. The consultation does not ask the question about whether or not the Trust should become a Foundation Trust, but rather it asks what people think of our proposed governance arrangements and the Trust's future plans.

The consultation covers three broad areas including:

- our vision and future plans
- our membership
- our Council of Governors.

20. The Health Overview and Scrutiny Panel are asked to consider the consultation which asks the questions highlighted below:
- What do you think of the objectives for the Trust?
  - Do you agree that people who are aged 14 should be able to become a member?
  - What do you think of our plans to have a single constituency which includes people who use our services and their carers?
  - What do you think of our proposed public and staff constituencies? Do you think that they are representative of the communities we serve?
  - What do you think of our plans for the Council of Governors?

Responses from the consultation will be used to refine our Foundation Trust application and a summary report, outlining the responses received and the changes we have made to our plans as a result of the comments received, will be produced in the summer.

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

21. NA

### **Property/Other**

22. NA

## **LEGAL IMPLICATIONS**

### **Statutory power to undertake proposals in the report:**

23. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

### **Other Legal Implications:**

24. NA

## **POLICY FRAMEWORK IMPLICATIONS**

25. NA

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